

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

MICHAELA O. KARLE

Plaintiff

v.

Civil Action No.:
3:14-CV-30062-MAP

CAPITAL ONE, ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Chase
PO Box 15298
Wilmington, DE 19850

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiffs attorney, whose name and address are:

Michaela Karle
7 Old South St.
Northampton, MA 01060

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ — Mary Finn

Signature of Clerk or Deputy Clerk



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Michaela Karle	COURT CASE NUMBER 3:14-CV-300062-MAP
DEFENDANT Capital One	TYPE OF PROCESS Serving of Complaint

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Chase
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O Box 15298, Wilmington, DE 19850

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Michaela Karle
79 Thompson St.
Springfield, MA 01109

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total \$	

Postmark Here

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
413-887-8804

DATE
4/18/14

HAL ONLY-- DO NOT WRITE BELOW THIS LINE

District to serve No. 38	Signature of Authorized USMS Deputy or Clerk Dail W. Spelly	Date 4/22/14
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legal evidence of service, ☐ have executed as shown in "Remarks", the process described above on the on the individual, company, corporation, etc. shown at the address inserted below.

I, company, corporation, etc. named above (See remarks below)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 5/5/14 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy
Dail W. Spelly

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: Mailed Certified Return on 5/5/14

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chase
P.O. Box 15298
Wilmington, DE 1985

2. Article Number

(Transfer from service)

7012 3050 0000 7258 0646

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PAPAH

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

BRAHMA TRACORE

D. Is delivery address different from item 1? ☐ Yes

☐ Yes

If YES, enter delivery address below:

☐ No

MAY - 2 2014

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes